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| **Antrag auf Zulassung zur Ersten Staatsprüfung**  für das Lehramt an Grundschulen | | | | | | | | | | | | | | | | Lichtbild  bitte aufkleben | | |
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| **Erste Staatsprüfung** | | | | | | | | | | | | | | | | | | |
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| Fach | | | | | Grundschuldidaktik - Wahlgebiet D | | | | | | | | | | Zeitraum  (Sommer/Winter/Jahr) | | | |
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| Anrede: | |  | | | | | | Geburtstag: | | | | |  | | | | | |
| Vorname: | |  | | | | | | Geburtsort: | | | | |  | | | | | |
| Name: | |  | | | | | | Staatsangeh. | | | | |  | | | | | |
| Geburtsname: | |  | | | | | | Tel.: | | | | | |  | | | | |
| Aktuelle Anschrift: | | | | | | | | E-Mail: | | |  | | | | | | | |
| Zeugnis nach: | | | | | | | | | | |
| Straße: | |  | | | | | | Straße: | | | | | |  | | | | |
| PLZ / Ort: | |  | | | | | | PLZ / Ort: | | | | | |  | | | | |
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| **Wissenschaftliche Arbeit** | | | | | | | Abgabetermin: | | | | | |  | | | | |  |
| im Fach. |  | | | | | |  | | |  | | | | | | | | |
| Prüfer 1: |  | | | | | | Prüfer 2: | | |  | | | | | | | |  |
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| BAföG (ja / nein): | | |  | Immatrikulationsjahr: | | | | |  | | | Matrikelnummer: | | | | |  | |
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| Ort, Datum | | | |  | | | | | Unterschrift Bewerber/in | | | | | | | | | |